IN THE UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE

In re:) Chapter 11		
W.R. GRACE & CO., <u>et al</u> .,	Case No. 01-1139 (JKF) Jointly Administered		
Debtors.) Objection Date: September 24, 2012 at 4:00 p.m. Hearing: Schedule if Necessary (Negative Notice)		
DAVID T. AUSTERN, ASBESTOS PI FOR COMPENSATION AND REIMBU	TH MONTHLY INTERIM APPLICATION OF FUTURE CLAIMANTS' REPRESENTATIVE RSEMENT OF EXPENSES FOR THE PERIOD HROUGH MARCH 31, 2012		
Name of Applicant:	David T. Austern, Asbestos PI Future Claimants' Representative ("FCR")		
Authorized to Provide Professional Services to:	As the FCR		
Date of Retention:	May 25, 2004		
Period for which compensation is sought:	March 1, 2012 – March 31, 2012		
Amount of Compensation (100%) sought as actual, reasonable, and necessary:	\$550.00		
80% of fees to be paid:	$$440.00^{1}$		
Amount of Expense Reimbursement sought as actual, reasonable and necessary:	\$ 0.00		

Total Fees @ 80% and

100% Expenses:

\$440.00

¹ Pursuant to the Administrative Order, as Amended dated April 17, 2002, absent timely objections, the Debtors are authorized and directed to pay 80% of fees and 100% expenses.

This is an:	interim	X	monthly	final application.
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The total time expended for fee application preparation during this time period is 0.00 hours and the corresponding fees are \$0.00 and expenses are \$0.00. Such time spent on such tasks will be requested in subsequent monthly interim applications or have been performed by the FCR's bankruptcy counsel, Orrick, Herrington & Sutcliffe LLP.

COMPENSATION SUMMARY MARCH 2012

Name of Professional	Position of Applicant	Hourly Billing	Total Billed	Total
<u>Person</u>		Rate	Hours	Compensation
David T. Austern	Future Claimants' Representative	\$500.00	1.10	\$550.00
Grand Total:			1.10	\$550.00
Blended Rate: \$500.00				

Total Fees: \$550.00 **Total Hours:** 1.10 **Blended Rate:** \$500.00

COMPENSATION BY PROJECT CATEGORY

Project Category	Total Hours	Total Fees
Plan & Disclosure Statement	1.10	\$550.00
TOTAL	1.10	\$550.00

EXPENSE SUMMARY

Expense Category	<u>Total</u>
No Expenses	\$0.00
TOTAL	\$0.00

Respectfully submitted,

Dated: August 30, 2012 /S/ DAVID T. AUSTERN

> David T. Austern Claims Resolution Management Corporation 3110 Fairview Park Drive, Suite 200 Falls Church, VA 22042-0683

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